

*Stacy Nowinski*

CH#13

# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

To duplicate this copy by photostat or photograph.

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.



P 22856459

Certification Number

*Maryanne Bowes*  
Local Registrar  
MAY 17 2016

Date Issued

Type/Print in permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS

## CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) <i>Carol K. Anderson</i>		2. Sex <i>Female</i>		3. Social Security Number <i>37-7415</i>		4. Date of Death (Mo/Da/Yr) (Spell Mo) <i>May 15, 2016</i>	
5a. Age - Last Birthday (Yrs) <i>73</i>		5b. Under 1 Day <i>Under 1 Day</i>		6. Date of Birth (Mo/Da/Yr) (Spell Month) <i>April 2, 1945</i>		7a. Birthplace (City and State or Foreign Country) <i>Norristown, Pennsylvania</i>	
7b. Birthplace (County) <i>Montgomery</i>		8a. Residence (State or Foreign Country) <i>Pennsylvania</i>		8b. Residence (Street and Number - Include Apt. No.) <i>11 King Street</i>		8c. Did Decedent Live in a Township? <i>Yes</i>	
8d. Residence (City or Town) <i>Chester</i>		8e. Residence (Zip Code) <i>19335</i>		8f. Did Decedent Live in a Township? <i>Yes</i>		8g. Decedent lived in <i>Downingtown</i>	
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage) <i>None</i>		12. Mother's Name (First, Middle, Last) <i>Beryl Rodenbaugh</i>	
13. Father's Name (First, Middle, Last) <i>Harold Smith</i>		14a. Relationship to Decedent <i>Daughter</i>		14b. Place of Birth (City and State or Foreign Country) <i>King Street, Downingtown, Pennsylvania 19335</i>		15. Date of Birth (Mo/Da/Yr) (Spell Month) <i>5/18/2016</i>	
16. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		17. Date of Disposition <i>5/18/2016</i>		18. Place of Disposition (Name of cemetery, crematory, or place of interment) <i>Green Earth Cremation</i>		19. License Number <i>012690-C</i>	
19. Name and Complete Address of Funeral Home <i>James J. Tern Funeral Home, 25 E. Lancaster Ave., Downingtown, PA 19335</i>		20. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. <i>Supervisor</i>		21. Kind of Business/Industry <i>Manufacturing</i>		22. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. Date Pronounced Dead (Mo/Da/Yr) <i>5/15/16</i>		24. Time of Death <i>13:00</i>		25. Was additional Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. Date Signed (Mo/Da/Yr) <i>5/15/16</i>	
27. Cause of Death a. <i>Gall bladder Cancer</i> Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. Due to (or as a consequence of):							
28. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: <i>None</i>							
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown							
31. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined							
32. Date of Injury (Mo/Da/Yr) (Spell Month) <i>None</i>							
33. Time of Injury <i>None</i>							
34. Place of Injury (e.g. home, construction site, farm, school) <i>None</i>							
35. Location of Injury (Street and Number, City, County, State, Zip Code) <i>None</i>							
36. Describe How Injury Occurred <i>None</i>							
37. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
39. Certifier - physician, certified nurse practitioner, medical examiner/coroner. (Check only one). <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
40. Signature of certifier <i>Carol K. Anderson</i>							
41. Registrar's Signature <i>Maryanne Bowes</i>							
42. Date Signed (Mo/Da/Yr) <i>5/16/2016</i>							
43. Registered File Date (Mo/Da/Yr) <i>May 17, 2016</i>							
44. Registrar's District Number <i>15-164</i>							
45. Amendments							

Disposition Permit No. 1326909

EXHIBIT

A

# Pennsylvania Last Will and Testament

Gail R Anderson

Pursuant to Title 20 (Decedents, Estates, and Fiduciaries)

I, Gall R Anderson, resident in the City of Chester,  
County of Pennsylvania, State of Pennsylvania being of sound mind, not  
acting under duress or undue influence, and fully understanding the nature and extent  
of all my property and of this disposition thereof, do hereby make, publish, and declare  
this document to be my Last Will and Testament, and hereby revoke any and all other  
wills and codicils heretofore made by me.

## I. EXPENSES & TAXES

I direct that all my debts, and expenses of my last illness, funeral, and burial, be paid as soon after my death as may be reasonably convenient, and I hereby authorize my Personal Representative, hereinafter appointed, to settle and discharge, in his or her absolute discretion, any claims made against my estate.

I further direct that my Personal Representative shall pay out of my estate any and all estate and inheritance taxes payable by reason of my death in respect of all items included in the computation of such taxes, whether passing under this Will or otherwise. Said taxes shall be paid by my Personal Representative as if such taxes were my debts without recovery of any part of such tax payments from anyone who receives any item included in such computation.

## II. PERSONAL REPRESENTATIVE

I nominate and appoint Stacey J Howington, of  
Downingtown, County of Chester, State of  
Pennsylvania as Personal Representative of my estate and I  
 request that (he/she) be appointed temporary Personal Representative if (he/she)  
 applies. If my Personal Representative fails or ceases to so serve, then I nominate  
Michael L. Howington Jr of Downingtown, County of  
Chester, State of Pennsylvania to serve.

### III. DISPOSITION OF PROPERTY

I devise and bequeath my property, both real and personal and wherever situated, as follows:

**1<sup>st</sup> Beneficiary**

Stacey J Howington [full name], currently of 11 king st. Downingtown Pa, 19335  
[address], as my Daughter [relation] whose last four (4) digits of their  
Social Security Number (SSN) are xxx-xx-3957 with the following property:

Property at 11 king st. Downingtown, Pa 19335. All property within the house at 11 king st. to share with her brothers as she



**Pennsylvania** DRIVER'S LICENSE

1 SEX: M DOB: 09/09/1972 DVPB: 00  
2 CLASS: 0  
3 END: NONE  
4 RSTR: 1  
5 DOB: 09/04/2021  
6 EXP: 09/29/2017  
7 HAMILTON  
8 11 KING ST  
9 DOWNINGTOWN, PA 19335  
10 1564X F 18YR BLU  
11 5'07" 150 LB  
12 1564X F 18YR BLU  
13 5'07" 150 LB  
14 1564X F 18YR BLU  
15 5'07" 150 LB  
16 1564X F 18YR BLU  
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94 1564X F 18YR BLU  
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97 5'07" 150 LB  
98 1564X F 18YR BLU  
99 5'07" 150 LB  
100 1564X F 18YR BLU

DL

## SHORT CERTIFICATE

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF CHESTER

File Number: 1520-0804

I, MICHELE VAUGHN, Register of Wills, in and for the County of Chester in the Commonwealth of Pennsylvania, do hereby certify that on the 13th day of May, 2020

### LETTERS TESTAMENTARY

on the Estate of:

GAIL R. ANDERSON, Deceased

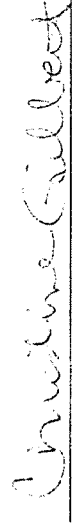
were granted to:

STACEY J. HOWINGTON

having first been qualified well and truly to administer the same. I further certify that no revocation of said Letters appears of record in my office.

Date of Death: 05/15/2016  
Soc. Sec. No.: 191-37-7415

Given under my hand and seal of office this  
13th day of May, 2020

  
Deputy for the Register of Wills

NOT VALID WITHOUT ORIGINAL SIGNATURE AND IMPRESSED SEAL

Proof of  
Payment  
Attempt

0068216 11-24  
Office AU # 1210(8)

Remitter: STACEY HOWINGTON  
Operator I.D.: u354778

CASHIER'S CHECK 3337029460  
6821603794

JUN 25 2020 1/2

JUN 24, 2020

PAY TO THE ORDER OF \*\*\*QUICKEN LOANS\*\*\* JUN 25 2020

\*\*\*One thousand two hundred dollars and no cents\*\*\*

\*\*\$1,200.00\*\*

VOID IF OVER US \$ 1,200.00

Richard Levy  
CONTROLLER

Payee Address:  
Memo:

WELLS FARGO BANK, N.A.  
3485 LINCOLN HWY  
THORNDALE, PA 19372  
FOR INQUIRIES CALL (480) 394-3122

⑈6821603794⑈ ⑆121000248⑆4861 007955⑈

## Quicken Loans

1050 Woodward Avenue | Detroit, MI 48226

## Returned Check Notice

### Loan Information

Loan Number: 3337029460  
Property Address: 11 KING ST  
DOWNTOWN, PA 19335  
Notice Date: 06/29/2020

GAIL R ANDERSON  
11 KING ST  
DOWNTOWN, PA 19335

Hi, Gail,

Enclosed you will find your check ending in 3794 in the amount of \$1,200.00.

We cannot accept this check for payment due to the following reason:

Did not send in full reinstatement amount

To ensure your payment is applied, you can make payments online, on the go with the Rocket Mortgage app or you can pay by phone at (800) 508-0944. It's fast, easy and free!

If you have any questions or concerns, don't forget that we're here to help. You can contact us at (800) 508-0944, Monday – Friday, 8:30 a.m. – 9:00 p.m. ET, and Saturday, 9:00 a.m. – 4:00 p.m. ET. You can also reach us at [Help@QuickenLoans.com](mailto:Help@QuickenLoans.com).

Sincerely,

Your Quicken Loans Team

## Quicken Loans

1050 Woodward Avenue | Detroit, MI 48226

## Returned Check Notice

### Loan Information

Loan Number: 3337029460

Property Address: 11 KING ST  
DOWNTOWN, PA 19335

Notice Date: 06/29/2020

GAIL R ANDERSON  
11 KING ST  
DOWNTOWN, PA 19335

Hi, Gail,

Enclosed you will find your check ending in 3793 in the amount of \$1,200.00.

We cannot accept this check for payment due to the following reason:

Did not send in full reinstatement amount

To ensure your payment is applied, you can make payments online, on the go with the Rocket Mortgage app or you can pay by phone at (800) 508-0944. It's fast, easy and free!

If you have any questions or concerns, don't forget that we're here to help. You can contact us at (800) 508-0944, Monday – Friday, 8:30 a.m. – 9:00 p.m. ET, and Saturday, 9:00 a.m. – 4:00 p.m. ET. You can also reach us at [Help@QuickenLoans.com](mailto:Help@QuickenLoans.com).

Sincerely,

Your Quicken Loans Team

0068216 11-24

Office AU # 1210(e)

Remitter: STACEY HOWINGTON  
Operator I.D.: u354778

CASHIER'S CHECK

2/2

3337029460  
6821603793

PAY TO THE ORDER OF \*\*\*QUICKEN LOANS\*\*\*

June 24, 2020

JUN 25 2020

JUN 25 2020

\*\*\*One thousand two hundred dollars and no cents\*\*\*

\*\*\$1,200.00\*\*

Payee Address:  
Memo:

WELLS FARGO BANK, N.A.  
3485 LINCOLN HWY  
THORNDALE, PA 19372  
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US \$ 1,200.00

*Richard Lery*  
CONTROLLER

⑈6821603793⑈ ⑆2100024814861 007955⑈

Security Features Included. Details on Back.



CASHIER'S CHECK

0067959 Office AU # 11-24 1210(8)  
Remitter: STACEY HOWINGTON  
Operator I.D.: u738841 pa500002

PAY TO THE ORDER OF \*\*\*QUICKEN LOANS\*\*\*

\*\*Fourteen Thousand One Hundred Twenty-Two and 00/100 -US Dollars \*\*

Payee Address:  
Vells Fargo Bank, N.A.  
60 W LINCOLN HWY  
XTON, PA 19341  
OR INQUIRIES CALL (480) 394-3122

⑈6795903998⑈ ⑈121000248⑈4861 009033⑈

PRINTED ON LINEMARK PAPER - HOLD TO LIGHT TO VIEW FOR ADDITIONAL SECURITY FEATURES SEE BACK

CASHIER'S CHECK

0067959 Office AU # 11-24 1210(8)  
Remitter: STACEY HOWINGTON  
Operator I.D.: u738841

PAY TO THE ORDER OF \*\*\*QUICKEN LOANS\*\*\*

\*\*One Thousand One Hundred and 00/100 -US Dollars \*\*

Payee Address:  
Vells Fargo Bank, N.A.  
60 W LINCOLN HWY  
XTON, PA 19341  
OR INQUIRIES CALL (480) 394-3122

⑈6795903998⑈ ⑈121000248⑈4861 009033⑈

6795903998

July 2, 2021

\*\*\$14,122.00

VOID IF OVER US \$ 14,1

*Christina*  
Authorized Signature

6795903757

July 2, 2021

\*\*\$1,100.00\*\*

VOID IF OVER US \$ 1,100.00

*Murad Khan*  
CONTROLLER

Valid Cashiers  
Checks for  
total Amount  
due from Escrow  
of July 2021 payment

on Back

Details on Back



Security Features Included.